

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2002 8:00 am
Secretary of State

0012430

DOCUMENT # 724051

1. Entity Name

TAMPA, FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION, INC.

09-15-2002 90087 025 ****61.25

Principal Place of Business 3914 US HWY 301 N 200 TAMPA FL 33619-1259 US	Mailing Address 3914 US HWY 301 N 200 TAMPA FL 33619-1259 US
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2. Principal Place of Business <i>One North Dale Mabry Hwy</i> Suite, Apt. #, etc. <i>Suite 820</i> City & State <i>Tampa, FL 33609</i> Zip <i>33609</i> Country <i>USA</i>	3. Mailing Address <i>One North Dale Mabry Hwy</i> Suite, Apt. #, etc. <i>Suite 820</i> City & State <i>Tampa, FL 33609</i> Zip <i>33609</i> Country <i>USA</i>
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DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7061089	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent UPHAM, MARY A 11406 MIDFIELD WAY TAMPA FL 33624	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBB, SANDRA G 4415 W OSBORNE AVENUE TAMPA FL 33614	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALMER, DEBRA 3914 US HWY 301 N #200 TAMPA FL 33619	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNETT, POLLY 1003 E HENRY AVE TAMPA FL 33604	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTRELL, KATHY 7335 COLLEY ROAD ODESSA FL 33556	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EILERS, CHARLOTTE 2358 KNOLL AVENUE SOUTH PALM HARBOR FL 34683	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EVANS, KATHY 2025 DARLINGTON OAK DR SEFFNER FL 33584	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Joy V. Morrow 1108 Brandon Lakes Ave Valrico, FL 33594	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KATHY EVANS 2025 DARLINGTON OAK DR. SEFFNER, FL. 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Michelle Reddin 4301 Anchor Plaza Pkwy #300 TAMPA, FL 33609	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mary Ellen McCorkle 6200 Fairway Apollo Beach, FL 33572	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Andrea Fair 2025 PARKTOWER, 400 N. TAMPA TAMPA, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sharon Cahoon 6102 Belmore #1706 TAMPA, FL 33604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *ANDREA FAIR* *Joy V. Morrow* 9/11/02 813-354-1005

CR2E037 (4/02)